

Department of Human Services  
Bureau of Human Service Licensing

November 16, 2021

[REDACTED], EVP  
CSW ARBOUR SQUARE III PLYMOUTH MEETING LP  
1938 FAIRVIEW AVE E,SUITE 300  
MERRILL GARDENS LLC  
SEATTLE, WA 98102

RE: THE PINNACLE AT PLYMOUTH  
MEETING  
215 PLYMOUTH ROAD  
PLYMOUTH MEETING, PA, 19462  
LICENSE/COC#: 14720

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/13/2021, 10/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *THE PINNACLE AT PLYMOUTH MEETING* License #: *14720* License Expiration Date: *10/08/2022*  
Address: *215 PLYMOUTH ROAD, PLYMOUTH MEETING, PA 19462*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *610-292-3030* Email: [REDACTED]

**Legal Entity**

Name: *CSW ARBOUR SQUARE III PLYMOUTH MEETING LP*  
Address: *1938 FAIRVIEW AVE E, SUITE 300, MERRILL GARDENS LLC, SEATTLE, WA, 98102*  
Phone: *6102923030* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *07/02/2020* Issued By: *Plymouth Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/14/2021*

**Inspection Dates and Department Representative**

10/13/2021 - On-Site: [REDACTED]  
10/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *138* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Garden House* Capacity: *19* Residents Served: *5*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

## Inspections / Reviews

10/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2021*

11/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2021*

11/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/17/2021*

11/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b SOPa - Rent Rebate: Contract

1. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident’s rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

*The resident-home contract does not indicate whether the home collects a portion of the resident’s rent rebate benefit.*

Plan of Correction

Accept

*A copy of the rent rebate form is now placed as a part of the resident Agreement for future residents to sign. The Guest Services Director (or designee) will have all current residents sign the form and it will be added to their administrative file  
The Guest Services Director (or designee) will audit files in the future to assure compliance.  
Date completed: November 5, 2021*

Completion Date: 11/05/2021

Document Submission

Implemented

*A Copy of the State approved Rent Rebate form is now a part of the Residency Agreement (Lease) . The Guest Services Director had all current residents sign this agreement and audit it in the future.*

60c - Housekeeping/Maintenance

1. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

*On 10/14/2021 at 12:30 PM, there were about 8 residents having lunch on the 2nd floor dining room. There was no wait staff or direct care staff in the area. There were only two staff on the floor, one of whom was administering meds and the other was delivering meals to residents' rooms. The residents in the dining room had to wait to ask for anything during their lunch. The home did not supply sufficient staff to meet the residents' meal service needs.*

Plan of Correction

Accept

*The community has designated one staff member to serve in the DR during meals  
This designee will be assigned for every day of the week.  
This schedule will be audited by the GSD or designee utilizing the meal service checklist.  
Date completed: November 5, 2021*

Completion Date: 11/05/2021

Document Submission

Implemented

*The community has designated the Med-Aide to be the assigned person to be present during the meals. This was chosen as the most likely individual because meds are not distributed during meals and this person will always be available to monitor the dining room. The Guest Services Director has created an audit sheet to assure that this is taking place.*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/04/2021 and on 10/07/2021, from 11:00 PM till 07:00 AM next morning, 33 residents were present in the home. During this time no staff was present in the home who was certified in First Aid/CPR.

Plan of Correction

Accept

A new 3rd shift Med-Aide has been hired that has the CPR/ First Aid certification.

The community has hired a CPR/First Aid trainer to train all med-Aides on November 3. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR will be present in the community at all times.

The staffing schedule will be audited by the GSD or designee before posting to ensure compliance

Date completed: November 5, 2021

Completion Date: 11/05/2021

Document Submission

Implemented

The community has hired a new caregiver for the 3rd shift that has the CPR certification. The community has also hired a certified CPR trainer to train other Med-aides so all the med-aides have the CPR/ 1st Aid certification.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/14/2021, there were two wheeled trash cans without a lid in the main kitchen.

Plan of Correction

Accept

Lids for the two trash cans in question have been supplied and are in use.

All other kitchen trash cans have been checked to assure compliance.

Trash can lid compliance will be a part of the weekly "one on One" discussion between the GM and the Executive chef.

Completion date: October 27 and on-going

Completion Date: 11/05/2021

Document Submission

Implemented

The covers for the trash receptacles have been located and have been attached to the trash containers so they will not be lost again. The continual usage will be checked during the weekly 1 on 1 meetings between the Chef and the General Manager

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room #334 and the telephone in the 2nd floor nurse station.*

**Plan of Correction**

**Do Not Accept**

*New stickers with the required phone numbers have been ordered for distribution*

*These stickers will be placed on each landline phone in the community.*

*The stickers for new residents, will be included with the documents that are distributed at the residency agreement signing.*

*Date completed: November 5, 2021*

**Completion Date:** 11/05/2021

**Plan of Correction**

**Directed**

*New stickers with the required phone numbers have been placed on all outgoing land lines in the community  
These stickers have been placed on each landline phone in the community.*

*Date completed: November 7, 2021*

**Directed Plan of Correction 11/10/21 CM:**

***Starting 11/10/21 and continuing weekly for 4 weeks then monthly for 5 months, the administrator or designee will complete an audit to ensure that emergency telephone numbers are posted near every telephone with an outside line.***

**Completion Date:** 11/07/2021

**Document Submission**

**Implemented**

*All outside lines will be audited by the Guest Services Director to assure that the Emergency phone numbers remain on the telephones. This will be audited every week for the next 4 weeks and monthly for the next 5 months.*

96a - First Aid Kit

**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

*The first aid kit in the 2nd floor nurse station does not include antiseptic and adhesive tape.*

## 96a - First Aid Kit (continued)

**Plan of Correction****Accept**

*The antiseptic and adhesive tape have been replaced in the second floor nurses station.*

*The other first aid kits in the building have been audited to assure that all required items are in the first aid kits.*

*The Nurse or designee will audit the first aid kits on a monthly basis.*

*Completion date: October 27, 2021*

**Completion Date:** 11/05/2021

**Document Submission****Implemented**

*The missing items have been replaced in the first aid kit in question. To assure compliance for the other kits, They are being audited monthly using the 1st Aid auditing sheets by the Guest Services Director or designee.*

## 103g - Storing Food

**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*There was a plastic container with left over crab cakes opened and unsealed in the walk-in freezer.*

**Plan of Correction****Accept**

*The crab cakes in question were destroyed on the date of inspection.*

*All other contents of the freezer were checked for compliance.*

*Frozen food compliance will be a part of the weekly "One on One" discussion between the GM and the Executive chef.*

*Completion date: November 3 and on-going*

**Completion Date:** 11/03/2021

**Document Submission****Implemented**

*The crab cakes in question were destroyed on the date of inspection.*

*All other contents of the freezer were checked for compliance.*

*Frozen food compliance is now a part of the weekly "One on One" discussion between the GM and the Executive chef.*

## 103i - Outdated Food

**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There was an unlabeled, undated plastic container of frozen haddock in the walk-in freezer.*

*The plastic container with left over crab cakes in the walk-in freezer was labeled "Use before 04/24/2021."*

103i - Outdated Food *(continued)*

**Plan of Correction**

**Accept**

*The frozen Haddock in question was destroyed on the date of inspection.*

*All other contents of the freezer were checked for compliance.*

*Frozen food compliance will be a part of the weekly "One on One" discussion between the GM and the Executive chef.*

*Completion date: November 3 and on-going*

**Completion Date:** 11/03/2021

**Document Submission**

**Implemented**

*The fish in question was immediately destroyed. The refrigerators is being checked for food dates during the weekly 1 on 1 audit between the chef and the General Manager.*

107a - Emergency Preparedness

**1. Requirements**

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

**Description of Violation**

Staff person A, [REDACTED], does not have a copy of the emergency preparedness plan for the local municipality.

**Plan of Correction**

**Accept**

*A copy of the Municipalities' emergency preparedness plan was requested on October 20, 2021. The chairman will be sending it to us soon.*

*This plan will be updated yearly and kept in the Emergency binder at the front desk.*

*A reminder to update the binder will be added to the GM's "Outlook" calendar*

*Completion date: November 6 and on-going*

**Completion Date:** 11/06/2021

**Document Submission**

**Implemented**

*A copy of the Municipalities' emergency preparedness plan was requested on October 20, 2021. The Plan arrived on November 16, 2021*

*This plan will be updated yearly and kept in the Emergency binder at the front desk.*

*A reminder to update the binder will be added to the GM's "Outlook" calendar*

107b - Emergency Procedures

**1. Requirements**

2600.

107.b. The home shall have written emergency procedures that include the following:

2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

107b - Emergency Procedures (continued)

**Description of Violation**

*The home's written emergency procedures do not include the following:*

- *The home's plan to provide the emergency medical information for each resident that ensures confidentiality;*
- *Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents; and*
- *Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.*

**Plan of Correction**

**Accept**

*The communities' Emergency procedures will include the following information:*

- a. The homes plan to provide the emergency medical information for each resident that ensures confidentiality*
- b. Contact numbers of local and state emergency management agencies and local resources for housing and emergency care of residents.*
- c. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties shall be specific to each residents' emergency needs.*

*A copy of these procedures will be included in the submission of the POC*

*These procedures will be in-serviced to the leadership team of the community.*

*A reminder to update the procedures will be added to the GM's "Outlook" calendar*

*Completion date: November 6 and on-going*

**Completion Date:** 11/06/2021

**Document Submission**

**Implemented**

*The updated portion of the disaster plan which included the three requirements was added to the emergency binder and was in-serviced to the leadership team on November 4, 2021*

107d - Procedure Emergency Management Agency Submission

**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been reviewed, updated, or submitted since 09/04/2020.*

**Plan of Correction**

**Accept**

*The communities' emergency procedures will be resubmitted to the local fire department by November 6, 2021.*

*This document was signed by the Fire Marshal on October 28 and has been placed in the State binder.*

*A reminder to update the procedures will be added to the GM's "Outlook" calendar.*

*Date completed: October 28, 2021*

**Completion Date:** 10/31/2021

107d - Procedure Emergency Management Agency Submission (continued)

Document Submission

Implemented

The communities Emergency procedures was submitted to the local fire Marshal on October 25 and was returned (signed) on October 28. This letter has been attached to the POC.

141a - Medical Evaluation

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

Explanation: This resident was located in a different state at the time of admission. This was during the time of COVID quarantine where the resident was unable to visit his physician. This resident is now under the care of the communities’ physician.

Residents who are admitted with a medical evaluation done more than 60 days prior will be asked to have another medical evaluation completed within 30 days after admission.

The GSD will review admission medical evaluations to ensure compliance.

Resident files will be audited for compliance and residents with medical evaluations more than 60 days prior to admission will be assisted in obtaining new medical evaluations

RCD/Designee and GM will review new admissions weekly during 1:1 session to ensure compliance and completion  
Completion date: November 6 and on-going

Completion Date: 11/06/2021

Document Submission

Implemented

This resident was re-evaluated by the communities Physician. This updated evaluation has been attached to this POC

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department’s request.

141a 1-10 Medical Evaluation Information (continued)

**Description of Violation**

Resident #1's medical evaluation dated [REDACTED] did not include Allergies.

Resident #2's medical evaluation dated [REDACTED] did not include special health or dietary needs, medication regimen, and body positioning.

**Plan of Correction**

**Accept**

The missing items from the medical evaluation: (allergies, special health or dietary needs, medication regimen and body positioning) have been completed and added to resident #1 & #2's medical evaluation. A copy of these updated items will be placed in the POC binder and scanned for the POC plan.

Current residents Medical Evals will be checked for compliance and completed if not completed appropriately

The medical evaluations will be audited by the Guest Services Director or designee on all new admissions for the next three months.

Completion date: November 6 and on-going

Completion Date: 11/06/2021

**Document Submission**

**Implemented**

The Medical evaluation for residents #1 and #2 has been updated and has been attached to this POC

162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

The home's menu was not posted anywhere in the Secured Dementia Care Unit (SDCU).

**Plan of Correction**

**Accept**

The weekly menu was posted in the Memory Care dining area on the same day of the inspection.

The Personal Care dining room was evaluated for compliance.

Menu posting compliance will be a part of the weekly "One on One" discussion between the GM and the Executive chef.

Date completed: November 5, 2021

Completion Date: 11/05/2021

**Document Submission**

**Implemented**

A copy of both the weekly and monthly menus have been posted in both the PC and MC dining rooms. This topic is a part of the weekly checklist for the 1 on 1 meetings with the Chef and General Manager.

183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

**Description of Violation**

On 10/14/2021, unopened insulin pens were kept in the home's med refrigerator. The thermometer in the refrigerator registered 50°F. According to the manufacturer's instructions, the insulin pens should be stored between 36°F to 46°F.

**Plan of Correction**

**Accept**

The medication refrigerators thermostats have been adjusted to assure that the temperature is between 36 and 46 degrees F.

A new temperature charting form now has a bold warning that the medication temperature reading must be between 36- 46 degrees F.

This chart will be audited weekly by the Resident Care Director or designee

Completion date: November 3 and on-going

Completion Date: 11/03/2021

**Document Submission**

**Implemented**

The medication refrigerators thermostats have been adjusted to assure that the temperature is between 36 and 46 degrees F.

A new temperature charting form now has a bold warning that the medication temperature reading must be between 36- 46 degrees F.

This chart is being audited weekly by the Resident Care Director or designee

185a - Implement Storage Procedures

**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Repeat Violation**

Resident #3 is prescribed [REDACTED]. On 10/14/2021, this medication was not available in the home.

Resident #3 is prescribed [REDACTED] twice a day at 08:00 AM and 05:00 PM. On 10/03/2021 at 08:00 AM, the resident's glucometer read 129 while the log read 182. There were no readings on resident#3's glucometer on 10/01, 02, 03/2021 at 05:00 PM; however, the log read 138, 97,108.

Resident #4 is prescribed [REDACTED] once a day at 08:00 PM. There were no readings on resident #4's glucometer on 10/1, 2, 3/2021 at 08:00 PM; however, the log read 216, 227, 194.

Repeated Violation: 6/21/21

185a - Implement Storage Procedures (continued)

**Plan of Correction**

**Accept**

The [REDACTED] for resident #3 has been delivered from the pharmacy. The Med-Aide that falsified documentation was immediately terminated from this community. The other resident that had a prescribed accu-check also had falsified documentation. No other residents were on the an accu-check prescription. The med-aides were in-serviced regarding proper use and documentation of glucometers. Going forward, the MAR for these residents will include a weekly glucometer check and calibration. The RCD will review for compliance weekly. Completion date: November 3 and on-going

Completion Date: 11/03/2021

**Document Submission**

**Implemented**

The Med-Aide that falsified documentation was immediately terminated from this community. The other resident that had a prescribed accu-check also had falsified documentation. No other residents were on the an accu-check prescription. The med-aides were in-serviced regarding proper use and documentation of glucometers. The MAR for these residents includes a weekly glucometer check and calibration. The RCD will review for compliance weekly.

187d - Follow Prescriber's Orders

**1. Requirements**

2600.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #3 is prescribed [REDACTED] twice a day at 08:00 AM and 05:00 PM. However, the resident's [REDACTED] was not done on 10/01, 02, 03/2021 at 05:00 PM.  
Resident #4 is prescribed [REDACTED] once a day at 08:00 PM. However, the resident's [REDACTED] was not done on 10/1, 2, 3/2021 at 08:00 PM.

Repeated Violation: 6/21/21

**Plan of Correction**

**Accept**

The Med-Aide that falsified documentation was immediately terminated from this community. The other resident that had a prescribed accu-check also had falsified documentation. No other residents were on the an accu-check prescription. Going forward, the MAR for these residents will include a weekly glucometer check and calibration. The med-aides were in-serviced regarding proper use and documentation of glucometers. The RCD will review weekly. Date completed: November 5, 2021

Completion Date: 11/05/2021

187d - Follow Prescriber's Orders *(continued)*

**Document Submission**

**Implemented**

*The Med-Aide that falsified documentation was immediately terminated from this community. The other resident that had a prescribed accu-check also had falsified documentation. No other residents were on the an accu-check prescription. The MAR for these residents now includes a weekly glucometer check and calibration. The med-aides were in-serviced regarding proper use and documentation of glucometers. The RCD will review weekly.*

190a - Completion Medication Course

**1. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person B, who completed the initial medication administration training on 11/02/2017, had the most recent annual practicum completed on 06/02/2020. The staff was observed passing medications on 10/13/2021 during the inspection.*

**Plan of Correction**

**Accept**

*The Med-Aide in question has received an observation by a certified "Train the Trainer" and is now up to date with [redacted] observations. All other Med-Aide's certifications were checked for compliance. The Director of Nursing or designee will audit the certifications on a quarterly basis. Date of completion: November 6, 2021*

**Completion Date:** 11/06/2021

**Document Submission**

**Implemented**

*The Med-Aide in question has received an observation by a certified "Train the Trainer" and is now up to date with [redacted] observations. All other Med-Aide's certifications were checked for compliance. The Director of Nursing or designee will audit the certifications on a quarterly basis.*

190b - Insulin Injections

**1. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*Staff B's most recent diabetes training was completed in June 2020.*

190b - Insulin Injections (continued)

**Plan of Correction**

**Accept**

The Med-Aide in question has submitted a current certificate showing that [REDACTED] diabetic training is with in the required guidelines. This certificate will be included in the POC submission documents.  
 All other Med-Aide's certifications were checked for compliance.  
 The Director of Nursing or designee will audit the certifications on a quarterly basis.  
 Date of completion: November 6, 2021

Completion Date: 11/06/2021

**Document Submission**

**Implemented**

The Med-Aide in question has submitted a current certificate showing that [REDACTED] diabetic training is with in the required guidelines. This certificate will be included in the POC submission documents.  
 All other Med-Aide's certifications were checked for compliance.  
 The Director of Nursing or designee are auditing the certifications on a quarterly basis.

224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #2's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #5's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction**

**Accept**

Although it is accurate that the dates of the preadmission form are not in compliance with the regulation, this error was already realized during a recent audit of the files. We are unable to make changes at this point.  
 A pre-admission screening form will be completed within 30 days of admission that includes a determination that the needs of the resident can be met by the services provided by the community.  
 Preadmission and cognitive screens will be audited by the Guest Services Director or designee for completion monthly for the next 3 months  
 Completion date: November 3 and on-going

Completion Date: 11/03/2021

**Document Submission**

**Implemented**

The Preadmission and cognitive screens is being audited by the Guest Services Director or designee for completion monthly for the next 3 months.

**2. Requirements**

2600.

224a - Preadmission Screen Form *(continued)*

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].*

*Repeated Violation: 6/21/21*

**Plan of Correction**

**Accept**

*Although it is accurate that the dates of the preadmission form are not in compliance with the regulation, this error was already realized during a recent audit of the files. We are unable to make changes at this point. A pre-admission screening form will be completed within 30 days of admission that includes a determination that the needs of the resident can be met by the services provided by the community. Going forward, Preadmission and cognitive screens will be audited by the Guest Services Director or designee for completion monthly for the next 3 months  
Completion date: November 3 and on-going*

**Completion Date:** 11/03/2021

**Document Submission**

**Implemented**

*A pre-admission screening form will be completed within 30 days of admission that includes a determination that the needs of the resident can be met by the services provided by the community. Going forward, Preadmission and cognitive screens will be audited by the Guest Services Director or designee for completion monthly for the next 3 months*

231b - Medical Evaluation

**1. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was not completed until [REDACTED]*

*Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was dated [REDACTED]*

231b - Medical Evaluation (continued)

**Plan of Correction**

**Accept**

*Although it is accurate that the dates of the medical evaluation form are not in compliance with the regulation, this error was already realized during a recent audit of the files. We are unable to make changes at this point. A medical evaluation will be completed within 60days prior to admission and will include a diagnosis of Alzheimer's Disease or other dementia and the need for the resident to be served in a secured dementia care unit for any resident admitted to the secured dementia unit. Going forward, The medical evaluation form will be audited by the Guest Services Director or designee for completion monthly for the next 3 months  
Completion date: November 3 and on-going*

**Completion Date:** 11/03/2021

**Document Submission**

**Implemented**

*The medical evaluation form is being audited by the Guest Services Director or designee for completion monthly for the next 3 months*

231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident #6 was admitted to the SDCU on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].*

**Plan of Correction**

**Accept**

*Although it is accurate that the dates of the preadmission form are not in compliance with the regulation, this error was already realized during a recent audit of the files. We are unable to make changes at this point. A written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team will be completed for each resident within 72 hours prior to admission to the secured dementia unit. Going forward, Preadmission and cognitive screens will be audited by the Guest Services Director or designee for completion monthly for the next 3 months  
Completion date: November 3 and on-going*

**Completion Date:** 11/03/2021

**Document Submission**

**Implemented**

*A written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team will be completed for each resident within 72 hours prior to admission to the secured dementia unit. The Preadmission and cognitive screens is being audited by the Guest Services Director or designee for completion monthly for the next 3 months*